



NARAYANA PHARMACY COLLEGE

(Approved by PCI & AICTE, New Delhi) (Affiliated to JNTUA Ananthapuramu)

Recognized u/s 2(f) & 12(B) of the UGC Act, 1956, New Delhi,

ISO 9001:2015 Certified Institution

Chinthareddypalem, Nellore-524003, A.P. India.

Phone & Fax No :0861-2317966; Cell No.:+91-9392901053

Email: principal.npc@narayanagroup.com Visit us:www.narayanapharmacycollege.com

FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. S. Sujatha
2. Designations: professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Current
Advances in pharmaceutical Research and
innovations in pharmaceutical industry
5. Date and duration of the programme: 07/07/22 - 08/07/22
6. Associating professional body/agency: Krishna University of Pharmaceutical
Sciences and Research,
Machilipatnam
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 06/07/22
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 6/7/22

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: T. Vinod Kumar
2. Designations: Asst. Professor
3. Department : Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Need for Developing Robust Pharmacovigilance Training
5. Date and duration of the programme: 20/6/22 to 25/6/22
6. Associating professional body/agency: Viswanadha Institute of Pharmaceutical Science, Visakhapatnam
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii) Travelling- daily allowances- : 2950
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 19/6/22

Signature of the staff member: T. Vinod

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 19/6/22

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: V. Sujitha
2. Designations: Asst. Professor
3. Department : Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details-----
Need for developing Robust Pharmacovigilance Training.
5. Date and duration of the programme: 20/6/22 to 25/6/22
6. Associating professional body/agency: Visuvanadha Institute of Pharmaceut Science, Visakhapatna
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 2950
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 19/6/22

Signature of the staff member: V. Sujitha

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 19/6/22

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G. Adinarayana
2. Designations: Asst. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Need for developing Robust Pharmacovigilance Training.
5. Date and duration of the programme: 20/6/22 to 25/6/22
6. Associating professional body/agency: Viswanatha Institute of Pharmaceutical Science, Visakhapatnam
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2950
 - iii) Membership fees : _____
 - iv) Others (if any) : _____

Date: 19/6/22

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 19/6/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Rambabu .
2. Designations: Asst. Professor
3. Department : Pharmaceutics.
4. Conference/publication/seminar/workshop/FDP certificate details: Need for developing Robust Pharmacovigilance Training.
5. Date and duration of the programme: 20/6/22 to 25/6/22.
6. Associating professional body/agency: Viswanatha institute of Pharmaceutical Science, Vizakhapatnam
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 2950.
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 19/6/22.

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 19/6/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: K. Kisanmai
2. Designations: Asst. Professor.
3. Department : Pharmaceutical Analysis.
4. Conference/publication/seminar/workshop/FDP certificate details: Global Advances and Issues in Pharmaceutical Education and Research.
5. Date and duration of the programme: 10/8/22 - 11/8/22
6. Associating professional body/agency: Vijaya Institute of Pharmaceutical Sciences for women, Vijayawada.
7. Financial support particulars(Rs):
 - i)Registration charges : 2000
 - ii) Travelling- daily allowances- : 0
 - iii) Membership fees : 0
 - iv) others(if any) : 0

Date: 9/8/22

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date :

[Signature]
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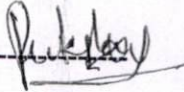
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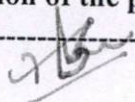
FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: SK. Ruksana Kowsar
2. Designations: Asst. Professor.
3. Department : Pharmacy Practice.
4. Conference/publication/seminar/workshop/FDP certificate details-----
Need For Developing Robust Pharmacovigilance
Training.
5. Date and duration of the programme: 20/6/22 to 25/6/22.
6. Associating professional body/agency: Viswanatha Institute of Pharmaceutical
Science, Visakhapatnam
7. Financial support particulars(Rs):-----
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- :----- 2950
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 19/6/22


Signature of the staff member-----


Recommendation of the principal with

Signature:-----


Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date : 19/6/22


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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. M. Krishnaveni
2. Designations: Asst. professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Current
Advances in pharmaceutical Research and
Innovations in pharmaceutical industry
5. Date and duration of the programme: 07/07/22 - 08/07/22
6. Associating professional body/agency: Krishna university college of pharmaceutical
Sciences and Research,
Machilipatnam
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 06/07/22
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 6/7/22

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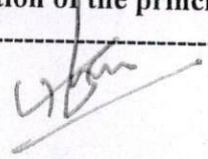
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: ch. kalitha
2. Designations: Asso. Professor
3. Department : Pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: Innovation in clinical pharmacy practice and opportunities for Academic and practice Partnership
5. Date and duration of the programme: 25/10/2022 - 29/10/2022
6. Associating professional body/agency: Seven hills college of pharmacy, Tirupathi
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 2100
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 24/10/2022

Signature of the staff member: 


Recommendation of the principal with
Signature: 

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date: 24/10/22


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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Salma
2. Designations: Asso. Professor
3. Department: Pharmaceutical Chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: Innovations in clinical Pharmacy Practice and Opportunities for Academic and practice Partnership.
5. Date and duration of the programme: 27/10/2022 - 29/10/2022
6. Associating professional body/agency: Seven hills college of pharmacy, Tirupathi
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 2100/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 04/10/2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 24/10/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Arsal
2. Designations: Professor
3. Department : Pharmacology ✓
4. Conference/publication/seminar/workshop/FDP certificate details-----
Recent trends in pharmaceutical Research
5. Date and duration of the programme: 24/04/2023 - 29/04/2023
6. Associating professional body/agency: Gokula Krishna college of pharmacy,
Sulluopet, Tirupathi.
7. Financial support particulars(Rs):-----
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- :----- 6000/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 23/04/2023

Signature of the staff member----- A

Recommendation of the principal with

Signature:----- [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 23/4/23

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Avinash
2. Designations: Asso. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details
Recent Trends in pharmaceutical Research
5. Date and duration of the programme: 24/04/2023 - 29/04/2023
6. Associating professional body/agency: Gokula Krishna college of pharmacy,
Sullurpet, Tirupathi
7. Financial support particulars (Rs):
 - i) Registration charges : 2000/-
 - ii) Travelling- daily allowances- : _____
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 23/04/2023

Signature of the staff member: A. Avinash

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date :

23/4/23

[Signature]
PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: V. Keela Lakshmi
2. Designations: Asso. Professor
3. Department: Pharmacotics
4. Conference/publication/seminar/workshop/FDP certificate details: Recent trends in pharmaceutical Research
5. Date and duration of the programme: 24/04/2023 - 29/04/2023
6. Associating professional body/agency: Chokula Krishna college of pharmacy, Sulluopet, Tirupathi
7. Financial support particulars(Rs):
 - i)Registration charges : 5000
 - ii) Travelling- daily allowances- : _____
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 23/04/2023

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 23/4/23

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Salma Sulthana
2. Designations: Asso. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Trends in pharmaceutical Research
5. Date and duration of the programme: 24/04/2023-29/04/2023
6. Associating professional body/agency: Gokula Krishna college of pharmacy, Sulluipet, Tirupathi
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii)Travelling- daily allowances- : 9000/-
 - iii) Membership fees : _____
 - iv)others(if any) : _____

Date: 23/04/2023

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 23/4/23

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: C. Ravi Kumar
2. Designations: Asst. Professor
3. Department : Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details Emerging
Concepts In Pharmacogenomics And Pharmacovigilance
5. Date and duration of the programme: 21st And 22nd July 2022
6. Associating professional body/agency: Dr. M.G.R. Educational And Research
Institute, Chennai
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2196/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 30/07/2022

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 20/7/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: V. Radha Kumari
2. Designations: Asst. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Emerging Concepts In Pharmacogenomics And Pharmacovigilance
5. Date and duration of the programme: 21st And 22nd July 2022
6. Associating professional body/agency: Dr M.G.R. Educational And Research Institute, Chennai
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2196/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 20/07/2022
Signature of the staff member:

Recommendation of the principal with
Signature:

✓
Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date: 20/7/22

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Sai Saranya
2. Designations: Asso. Professor
3. Department : Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Emerging Concepts In Pharmacogenomics And Pharmacovigilance
5. Date and duration of the programme: 21st And 22nd July 2022
6. Associating professional body/agency: Dr. M. B. R. Educational And Research Institute, Chennai
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2196/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 30/07/2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 20/7/22

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Email: principal.npc@narayanagroup.com Visit us: www.narayanapharmacycollege.com

FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Venkata Pavani
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Emerging Trends in Pharmaceutical Analytical Techniques
5. Date and duration of the programme: 13/06/2022 - 18/06/2022
6. Associating professional body/agency: P. Rami Reddy Memorial College of Pharmacy, Kadapa
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 2500/-
 - iii) Membership fees: _____
 - iv) Others (if any): _____

Date: 12/06/2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 12/6/22

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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Chinthareddypalem, Nellore-524003, A.P. India.

Phone & Fax No : 0861-2317966; Cell No : +91-9392901053

Email: principal.npc@narayanagroup.com Visit us: www.narayanapharmacycollege.com

FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: N. Praveen Kumar
2. Designations: ASSO. professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Emerging Trends in pharmaceutical Analytical Techniques
5. Date and duration of the programme: 13/06/2022 to 18/06/2022
6. Associating professional body/agency: P. Rami Reddy College of Pharmacy, Kadapa
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2,500
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 12/06/2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 12/6/22

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member:- A.Rani
2. Designations:- Asso. Professor
3. Department :- Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details- Emerging Trends In Pharmaceutical Analytical Techniques
5. Date and duration of the programme:- 13/06/2022 - 18/06/2022
6. Associating professional body/agency:- P. Rami Reddy Memorial College Of Pharmacy, Kadapa
7. Financial support particulars(Rs):-
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- :----- 2000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 12/06/2022

Signature of the staff member----- AR

Recommendation of the principal with
Signature:----- [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 12/6/22

[Signature]
PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: D. Mahidhar Reddy
2. Designations: Asso. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Development program on Emerging Trends in pharmaceutical Analytical Techniques
5. Date and duration of the programme: 13/6/2022-18/6/2022
6. Associating professional body/agency: P. Rami Reddy Memorial college of pharmacy, Kadapa.
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 69500/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 12/6/2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 12/6/22

[Signature]
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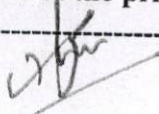
FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: CH. Nagendra Kumar
2. Designations: A.S.S.O. professor
3. Department: pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Current Trends and future prospects in Data Science
5. Date and duration of the programme: 05/09/2022 - 10/09/2022
6. Associating professional body/agency: Dr. Samuel George institute of pharmaceutical Sciences, markapur
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 2200/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 04/09/2022

Signature of the staff member: 

Recommendation of the principal with


Signature: 

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date: 


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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: S.B. K. Sneha Moorthy
2. Designations: Asso. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Current Trends And Future Prospects In Data Science
5. Date and duration of the programme: 05/09/2022 - 10/09/2022
6. Associating professional body/agency: Dr. Samuel George Institute Of Pharmaceutical Sciences, Markapur
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 2000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 04/09/2022

Signature of the staff member: S.B.K.

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 04/09/2022

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: D. pitchaiah
2. Designations: Asst. pm-lectur
3. Department : pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details Transforming Education through innovative Teaching - learning practices
5. Date and duration of the programme: 24/01/23 - 29/01/23
6. Associating professional body/agency: Sri. Sivani college of pharmacy, Srikakulam
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 2930/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 23/01/23

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 23/4/23

[Signature]
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Ravi Kumar
2. Designations: Asso. professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Transforming Education through innovative Teaching - Learning Practices
5. Date and duration of the programme: 24/04/23 - 29/04/23
6. Associating professional body/agency: Sri Sivani college of pharmacy, Srikakulam
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2930/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 23/04/23

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 23/4/23

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Y. Suresh
2. Designations: Asst. professor
3. Department : Pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details Transforming Education through innovative Teaching - Learning practices
5. Date and duration of the programme: 24/04/23 - 29/04/23
6. Associating professional body/agency: Sri Sivani college of pharmacy, Srikakulam
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii) Travelling- daily allowances- : 2930/-
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 23/04/23

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 23/4/23

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Cl. Sindhura
2. Designations: A.S.O. professor
3. Department: Pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Trends in formulation and Development
5. Date and duration of the programme: 21/11/22 - 26/11/22
6. Associating professional body/agency: Pri. Sivani college of pharmacy, Srikakulam
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 2550/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 20/11/22

Signature of the staff member: C.L. Sindhura

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 20/11/22

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G. R. K. Mohan
2. Designations: Asso. professor
3. Department: pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Recent trends in formulation Development
5. Date and duration of the programme: 21/11/22 - 26/11/22
6. Associating professional body/agency: Sri Sivani college of pharmacy, Srikakulam
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 2550/-
 - iii) Membership fees: _____
 - iv) others (if any): _____

Date: 20/11/22

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 20/11/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: B. poorna sai
2. Designations: A.S.S. professor
3. Department: pharmaceutice
4. Conference/publication/seminar/workshop/FDP certificate details: Recent
Trends in formulation Development
5. Date and duration of the programme: 21/11/22 - 26/11/22
6. Associating professional body/agency: Sri Sivanî college of pharmacy,
Srikakulam
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 2550/-
 - iii) Membership fees: _____
 - iv) others (if any): _____

Date: 20/11/22
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 20/11/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: MD. Jumana
2. Designations: Asso. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Training on continuing educational Programme on Inspirational Teaching methods
5. Date and duration of the programme: 20/08/2023 - 25/08/2023
6. Associating professional body/agency: Anurag pharmacy college, Hyderabad
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 0 9715/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 19/08/2023

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 19/12/23

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. Dilip Kumar
2. Designations: Asso. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Training on continuing educational on inspiration teaching Methods
5. Date and duration of the programme: 20/02/2023 - 25/02/2023
6. Associating professional body/agency: Arundh Pharmacy College, Hyderabad
7. Financial support particulars (Rs):
 - i) Registration charges : -----
 - ii) Travelling- daily allowances : 2715/-
 - iii) Membership fees : -----
 - iv) others (if any) : -----

Date: 19/02/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 19/2/23

[Signature]

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Karimunnisa
2. Designations: Asst. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Training on continuing Educational Programme on Inspirational Teaching methods
5. Date and duration of the programme: 20/02/2023-25/02/2023
6. Associating professional body/agency: Finning college of Pharmacy, Hyderabad
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 2415/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 19/02/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 19/2/23

[Signature]
PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: S. Veetha
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Development Pharmacy Education And Pharmacy Practice
5. Date and duration of the programme: 11/07/2022 to 16/07/2022
6. Associating professional body/agency: Nemra College of Pharmacy, Dbrabhimpatram
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 2000/-
 - iii) Membership fees: _____
 - iv) Others (if any): _____

Date: 10/07/2022

Signature of the staff member: _____

Recommendation of the principal with

Signature: _____

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: _____

Date: 10/7/22

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: CH. Supraja
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Development Pharmacy Education And Pharmacy Practiced
5. Date and duration of the programme: 11/07/2022 to 16/07/2022
6. Associating professional body/agency: Nirma College Of Pharmacy, Ibrahimpetnam
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 2000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 10/07/2022
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 10/7/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: M. Naga Priyanka
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: Global Advances And Issues In Pharmaceutical Education And Research
5. Date and duration of the programme: 10th And 11th August 2022
6. Associating professional body/agency: Vijaya Institute Of Pharmaceutical Sciences For Women, Vijayawada
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 09/08/2022

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 9/8/22

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Aleesha
2. Designations: Asst. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Global Advances And Issues In Pharmaceutical Education And Research
5. Date and duration of the programme: 10th And 11th August 2022
6. Associating professional body/agency: Vijaya Institute Of Pharmaceutical Sciences For Women, Vijayawada
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii) Travelling- daily allowances- : 2000/-
 - iii) Membership fees :-----
 - iv) others(if any) :-----

Date: 09/08/2022

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 9/8/22

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NELLORE - 524 002

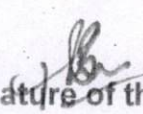
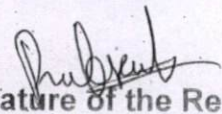
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 19/6/22

Cheque No.	Cash ✓	Pay to <u>SK. Ruksana kowsar</u> A/C Head _____		
one week FDP [20/6/22 to 25/6/22]				
Rupees <u>Two Thousand nine</u> <u>Hundred Fifty Rupees only.</u>			TOTAL	2950 00
Signature of the Passing Authority 			Signature of the Receptient 	

M ✓

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 19/6/22

Cheque No.	Cash ✓	Pay to <u>V. Sujitha</u> A/C Head _____		
one week FDP [20/6/22 to 25/6/22]				
Rupees <u>Two Thousand Nine</u> <u>Hundred Fifty Rupees only.</u>			2950	00
TOTAL			2950	00
Signature of the Passing Authority		Signature of the Receptient		

NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 19/6/22

Cheque No.	Cash ✓	Pay to <u>T. Vinod kumar</u> A/C Head _____		
one week FDP [20/6/22 to 25/6/22]				
Rupees <u>Two Thousand Nine</u> <u>Hundred Fifty Rupees only.</u>			2950	00
TOTAL			2950/-	00
Signature of the Passing Authority		Signature of the Receptient		

PRINCIPAL
Signature of the Receptient
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

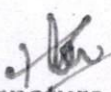
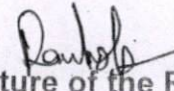
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 19/6/22

Cheque No.	Cash ✓	Pay to <u>P. Ram babu</u> A/C Head _____		
one week FDP [20/6/22 to 25/6/22]				
Rupees <u>Two Thousand Nine</u> <u>Hundred Fifty Rupees only.</u>			2950	00
TOTAL			2950	00
Signature of the Passing Authority 		Signature of the Receptient 		

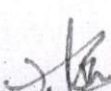

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 19/6/22

Cheque No.	Cash ✓	Pay to <u>G. Adi Narayana</u> A/C Head _____		
one week FDP [20/6/22 to 25/6/22]				
Rupees <u>Two Thousand Nine</u> <u>Hundred Fifty Rupees only.</u>			2950	00
TOTAL			2950	00
Signature of the Passing Authority 		Signature of the Receptient 		

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE
(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No. _____

Date: 09/08/22

Cheque No. _____

Cash

✓

Pay to Shri. Aleesha

A/C Head _____

Conference (10/08/22 - 11/08/22)

2000 00

Rupees Two thousand rupees
only

TOTAL

2000 00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE
(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No. _____

Date: 9/8/22

Cheque No. _____

Cash

✓

Pay to K. Kizanmai

A/C Head _____

Conference [10/8/22 - 11/8/22]

Rupees Two thousand

Rupees only.

2000 00

TOTAL

2000 00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 10/07/2022

No.

Cheque No.

Cash

✓

Pay to Ch. Supraja

A/C Head

One Week FDP (11-07-2022 to 16-07-2022)

2000/- 00

Rupees Two Thousand Rupees
Only

TOTAL

2000 00

Signature of the Passing Authority

Signature of the Recipient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 09/08/22

No.

Cheque No.

Cash

✓

Pay to M. Nagapriyanka

A/C Head

Conference (10/08/22 to 11/08/22)

2000 00

Rupees Two thousand rupees
only

TOTAL

2000 00

Signature of the Passing Authority

Signature of the Recipient

PRINCIPAL

NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 19/02/2023

Cheque No.

Cash

✓

Pay to SK. Karthmanna

A/C Head

One Week FDP (20th Feb to 25th Feb 2023)

2715/-

00

Rupees Two Thousand Seven

Hundred Fifteen Rupees Only TOTAL

2715

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 10/07/2022

Cheque No.

Cash

✓

Pay to S. Vijetha

A/C Head

One Week FDP (11-07-2022 to 16-07-2022)

2000/-

00

Rupees Two Thousand Rupees

Only

TOTAL

2000

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 19/02/2023

No.

Cheque No.

Cash



Pay to M.D. Jumana

A/C Head

One Week FDP (20th Feb to 25th Feb 2023)

2715/- 00

Rupees Two Thousand Seven
Hundred Fifteen Rupees Only

TOTAL

2715 00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 19/02/2023

No.

Cheque No.

Cash



Pay to G. Dileep Kumar

A/C Head

One Week FDP (20th Feb to 25th Feb 2023)

2715/- 00

Rupees Two Thousand Seven
Hundred Fifteen Rupees Only TOTAL

2715 00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 20/11/2022

Cheque No.

Cash

Pay to G.R.K. Mohan

A/C Head _____

One Week FDP (21-11-2022 to 26-11-2022)

2550/- 00

Rupees Two Thousand FiveHundred Fifty Rupees Only

TOTAL

2550 00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 20/11/2022

Cheque No.

Cash

Pay to B. Poorna Sai

A/C Head _____

One Week FDP (21-11-2022 to 26-11-2022)

2550 00

Rupees Two thousand fivehundred fifty Rupees Only

TOTAL

2550 00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 23/04/23

Cheque No.

Cash

✓

Pay to

Y. Suresh

A/C Head

One week fop (21/04/23 - 29/04/23)

Rupees Two thousand nine
hundred and thirty rupees only

TOTAL

2930

00

2930

00

Signature of the Passing Authority

Signature of the Receipt

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 23/04/23

Cheque No.

Cash

Pay to Y. Suresh

A/C Head _____

One week FDP (24/04/23 - 29/04/23)

2930 00

Rupees Two thousand nine hundred and thirty rupees only

TOTAL

2930 00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 20/11/22

Cheque No.

Cash

Pay to C.L. Sindhu

A/C Head _____

One week FDP (21/11/22 to 26/11/22)

2550 00

Rupees Two thousand five hundred fifty Rupees Only

TOTAL

2550 00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

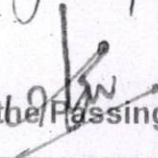
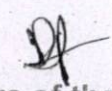
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 23/04/23

Cheque No.	Cash ✓	Pay to <u>D. pitchaiah</u> A/C Head _____	
One week FDP (21/04/23 - 29/04/23)			
Rupees <u>Two thousand nine hundred</u> <u>and thirty rupees only</u>			2930 00
TOTAL			2930 00
Signature of the Passing Authority 		Signature of the Receiver 	

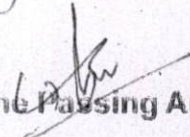
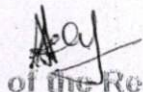
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 23/04/23

Cheque No.	Cash ✓	Pay to <u>A. Ravi Kumar</u> A/C Head _____	
One week FDP (21/04/23 - 29/04/23)			
Rupees <u>Two thousand nine hundred</u> <u>and thirty rupees only</u>			2930 00
TOTAL			2930 00
Signature of the Passing Authority 		Signature of the Receiver 	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 04/09/2022

Cheque No.

Cash

Pay to CH. Nagendra Kumar
A/C Head _____

One week FDP (05/09/22 to 10/09/22)

2200

00

Rupees Two thousand two
hundred Rupees Only

TOTAL

2200

00

Signature of the Passing Authority

Signature of the Receipt

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 04/09/2022

Cheque No.

Cash

Pay to SB. Krishna Moorthy
A/C Head _____

One week FDP (05/09/22 to 10/09/22)

2200

00

Rupees Two thousand two
hundred Rupees Only

TOTAL

2200

00

Signature of the Passing Authority

Signature of the Receipt

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 12/06/2022

Cheque No.

Cash

✓

Pay to A. Ranf

A/C Head _____

Six Days FDP (13th June to 18th June 2022)

2500/-

00

Rupees Two Thousand FiveHundred Only

TOTAL

2500

00

Signature of the Passing Authority

Signature of the Receptient

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 12/06/2022

Cheque No.

Cash

✓

Pay to D. Mahdhar Reddy

A/C Head _____

Six Days FDP (13th June to 18th June 2022)

2500/-

00

Rupees Two Thousand FiveHundred Rupees Only

TOTAL

2500

00

Signature of the Passing Authority

Signature of the Receptient

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

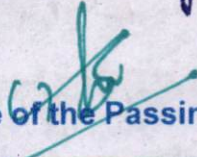

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 12/06/2022

No.

Cheque No.	Cash ✓	Pay to <u>A. Ranj</u> A/C Head _____	
Six Days FDP (13 th June to 18 th June 2022)			
Rupees <u>Two Thousand Five</u> <u>Hundred Only</u>			2500/- 00
TOTAL			2500 00
Signature of the Passing Authority 			Signature of the Receptient 

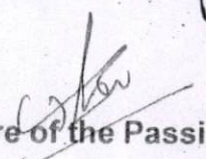

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 12/06/2022

No.

Cheque No.	Cash ✓	Pay to <u>P. Venkata Praveen</u> A/C Head _____	
Six Days FDP (13 th June to 18 th June 2022)			2500/- 00
Rupees <u>Two Thousand Five</u> <u>Hundred Only</u>			TOTAL 2500 00
Signature of the Passing Authority 			Signature of the Receptient 

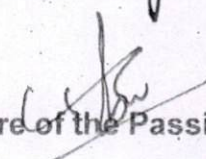

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 12/06/2022

No.

Cheque No.	Cash ✓	Pay to <u>N. Praveen Kumar</u> A/C Head _____	
Six Days FDP (13 th June to 18 th June 2022)			2500/- 00
Rupees <u>Two Thousand Five Hundred</u> <u>Rupees Only</u>			TOTAL 2500 00
Signature of the Passing Authority 			Signature of the Receptient 

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

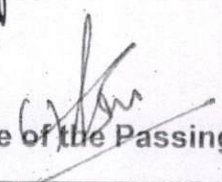

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 06/07/22

Cheque No.	Cash ✓	Pay to <u>Dr. S. Sujatha</u> A/C Head _____		
Conference (7/7/22 to 8/7/22)			2000	00
Rupees <u>Two thousand Rupees</u> <u>Only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient 	

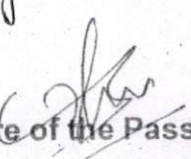
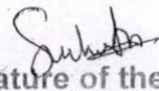
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 06/07/22

Cheque No.	Cash ✓	Pay to <u>Dr. M. Suchithra</u> A/C Head _____		
Conference (7/7/22 to 8/7/22)			2000	00
Rupees <u>Two thousand Rupees</u> <u>Only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

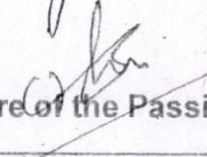

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 06/07/22

Cheque No.	Cash ✓	Pay to <u>Dr. M. Krishnaveni</u> A/C Head _____		
2 days conference (07/07/22 to 08/07/22)			2000	00
Rupees <u>Two thousand rupees</u> <u>only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient 	

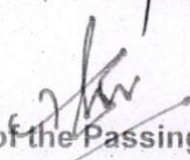
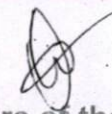
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 24/10/22

Cheque No.	Cash ✓	Pay to <u>Ch. Lalitha</u> A/C Head _____		
5 days conference (25/10/22 - 29/10/22)			2100	00
Rupees <u>Two thousand one</u> <u>hundred rupees only</u>			TOTAL	2100 00
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

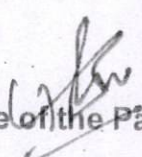
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 24/10/22

Cheque No.	Cash ✓	Pay to <u>SK. Salma</u> A/C Head _____		
5 days conference (25/10/22 - 29/10/22)			2100	00
Rupees <u>Two thousand one</u> <u>hundred rupees only</u>			TOTAL	2100 00
Signature of the Passing Authority 			Signature of the Receptient <u>Salma SK</u>	

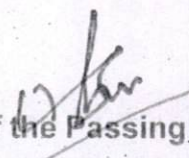
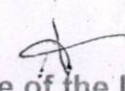
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 23/04/23

Cheque No.	Cash ✓	Pay to <u>SK. Afsar</u> A/C Head _____		
One week FDP (24/4/23 to 29/4/23)			2000	00
Rupees <u>Two thousand Rupees</u> <u>Only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

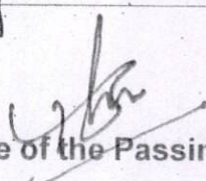
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Sociaty)

DEBIT / ADVANCE VOUCHER

No.

Date : 23/04/23

Cheque No.	Cash ✓	Pay to <u>A. Avinash</u> A/C Head _____		
One week FDP (24/4/23 to 29/4/23)			2000	00
Rupees <u>Two thousand Rupees</u> <u>Only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient <u>A. Arind</u>	

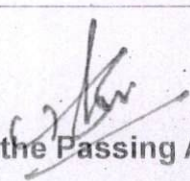
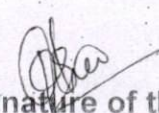
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Sociaty)

DEBIT / ADVANCE VOUCHER

No.

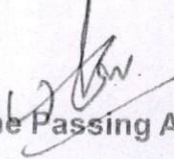
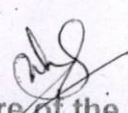
Date : 23/04/23

Cheque No.	Cash ✓	Pay to <u>V. keela lakshmi</u> A/C Head _____		
One week FDP (24/4/23 to 29/4/23)			2000	00
Rupees <u>Two thousand Rupees</u> <u>Only</u>			TOTAL	2000 00
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

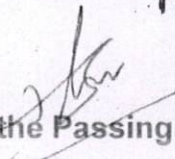
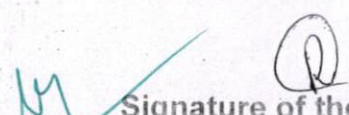
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.		DEBIT / ADVANCE VOUCHER		Date: 23/04/23	
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Sl. Salma Sultana</u>			
		A/C Head _____			
One week PDP (24/04/23 - 29/04/23)			2000	00	
Rupees <u>Two thousand rupees</u> <u>only</u>			TOTAL		
			2000	00	
Signature of the Passing Authority 			Signature of the Receptient 		

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

No.		DEBIT / ADVANCE VOUCHER		Date: 20/07/2022	
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>C. Ravi Kumar</u>			
		A/C Head _____			
Conference (01/7/22 & 02/7/22)			2196	00	
Rupees <u>Two thousand One</u> <u>hundred Ninety Rupees Only</u>			TOTAL		
			2196	00	
Signature of the Passing Authority 			Signature of the Receptient 		

PRINCIPAL

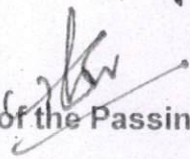
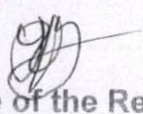
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NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 20/07/2022

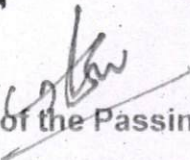

No.			Date: 20/07/2022
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>X. Ratna Kumari</u> A/C Head _____	
Conference (21/7/22 & 22/7/22)			2196 00
Rupees <u>Two thousand One hundred Ninety Six Rupees Only</u> TOTAL			2196 00
Signature of the Passing Authority 		Signature of the Receipt 	

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 20/07/2022

No.			Date: 20/07/2022
Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>A. Sai Saranya</u> A/C Head _____	
Conference (21/7/22 and 22/7/22)			2196 00
Rupees <u>Two thousand One hundred Ninety Six Rupees Only</u> TOTAL			2196 00
Signature of the Passing Authority 		Signature of the Receipt 	

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NARAYANA PHARMACY COLLEGE
NELLORE - 524 002